

<u>Playground</u>	<u>B&AR</u>
Full 6 Weeks: _____	Full 6 Weeks: _____
Week 1: _____	Week 1: _____
Week 2: _____	Week 2: _____
Week 3: _____	Week 3: _____
Week 4: _____	Week 4: _____
Week 5: _____	Week 5: _____
Week 6: _____	Week 6: _____

Hilton-Parma Recreation Department Summer Playground 2014

FORM & VACCINATIONS DUE BY: JUNE 11, 2014 Email: hiltonparmarec@rochester.rr.com Mail: 59 Henry St. Hilton, NY 14468
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<u>Playground Group</u> JR: _____ INT: _____ SR: _____
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Participant Information

Participant Name _____ Age _____ DOB _____ Grade Ent _____ Shirt Size _____

Parent/Guardian Information - During camp hours the best numbers to reach parents/care givers:

Name _____ Relationship _____ Primary Phone _____ Alt. Phone _____

Name _____ Relationship _____ Primary Phone _____ Alt. Phone _____

Address _____ Email Address _____

Alternative Emergency Contact _____ Relationship _____ Phone _____

The following individuals are authorized to pick up my child from program (in addition to parent/care givers):

Name _____ Relationship _____ Phone _____

Parent/Guardian Waiver Signature

I understand that I must contact Hilton-Parma Recreation if there are any changes to this form. I also understand that anyone not listed on this form will be unable to sign out my child from the Summer Playground Program. Please inform Authorized Pick-Ups that they may be required to show a valid form of Identification in order to sign out the child. I/We, the parent or participant in the specified program, assume all risks and hazards incidental to such participation; and I hereby waive, release, absolve indemnify and hold harmless, the Hilton-Parma Recreation Commission, Town of Parma, Village of Hilton, employees thereof, volunteers, organizers, sponsors and supervisors except to the extent covered by liability insurance.

Parent Signature _____ Date _____

General Medical Information

The NYS Dept. of Environmental Health requires an immunization history filled out as completely as possible, for each camper. Please notify camp if child is exposed to any communicable disease during the 3 weeks prior to camp (esp. chicken pox or shingles). **Proof of Immunizations must be returned to Hilton-Parma Recreation, 59 Henry St., Hilton, NY, or sent to hiltonparmarec@rochester.rr.com.**

Name of Primary Care Physician _____ Phone _____

Name of Dentist _____ Phone _____

Name of Orthodontist _____ Phone _____

Do you carry family medical/hospital insurance? Yes No

If yes, Carrier _____ Policy or Group # _____

1. Is participant allergic to any food, or medications/drugs? _____

2. List any/all Medications participant is currently taking and what it is for _____

3. Is participant on a special diet? If so, explain _____

4. Has participant been under any medical care within the past three months? If so, explain _____

5. Anything else we should know about your child? _____